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FAX TRANSMISSION

| | |
|---------------------|--------------------------------|
| To | USPTO Commissioner for Patents |
| Examiner | Kahsay Habte |
| Fax Number | (571) 273-8300 |
| From | Karen E. Brown |
| Date | November 16, 2005 |
| Application No. | 10/700,938 |
| Attorney Docket No. | VPI/02-123US |
| Total Pages | 24 |

Message or Comment

CERTIFICATE OF FACSIMILE TRANSMISSION

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Lisa M. Romano

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YPI/02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,936

Confirmation No.: 5983

Filing Date: November 4, 2003

Examiner: Kahsay Habte

Group Art Unit: 1624

Applicants: Randy S. Bethel et al.

For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND OTHER
PROTEIN KINASESNovember 16, 2005
Cambridge, MassachusettsMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450TRANSMITTAL LETTER

Sir:

Transmitted herewith: Supplemental Amendment; a Petition for Extension of Time; a substitute Specification; a Declaration; a Supplemental Declaration; a Power of Attorney; an Associate Power of Attorney; formal drawings; to be filed in the above-identified patent application.

FEES FOR ADDITIONAL CLAIMS

A fee for additional claims is not required.

A fee for additional claims is required.

The additional fee has been calculated as shown below:

| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEES |
|---|---|------------------|------------------|--------------------|
| TOTAL CLAIMS | 0 | 0 | * = 0 X \$ 18 = | \$ 0 |
| INDEPENDENT CLAIMS | 0 | 3 | ** = 0 X \$ 84 = | \$ 0 |
| FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM | | | | + \$280 = \$ |

* If less than 20, insert 20.

TOTAL \$ 0

** If less than 3, insert 3.

A check in the amount of \$ in payment of the filing fee is transmitted herewith.

The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Please charge \$ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

The following extension is applicable to the Response filed herewith; \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).

A check in the amount of \$120.00; \$450.00; \$1,020.00; \$1,590.00; \$2,160.00 in payment of the extension fee is transmitted herewith.

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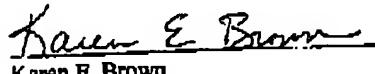
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